

EMERGENCY MEDICAL RELEASE

In the event medical attention is required for your child while on the premises of KidsCare Therapy Center, Inc, we need your authorization to implement treatment. Please read and sign statement below.	
As legal guardian of Center, Inc, to contact emergency person	, I give my permission for KidsCare Therapy nnel in the event of a urgent medical.
	/
Signature of Parent/Guardian of Child	Date

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